Case Manager FAQs

Can beneficiaries opt to temporarily suspend their services to self-quarantine?

DOM Response: Yes. Beneficiaries who would like to suspend their services should reach out to Case Managers so that we can ensure an adequate care plan is in place throughout the suspension. Even if a beneficiary requests to suspend their community services, please have Case Managers continue to case manage and monitor them via phone.

Is there a possibility that case managers can do telephone calls instead of Home visits?

DOM Response: Yes, DOM has authorized waiver case managers to conduct monthly/quarterly case management visits by telephone. When entering the SSM in LTSS, you can either select “Verbal Consent” if that option is available to you or write “Verbal Consent” on the participant’s signature line. While Case Managers are highly encouraged to check in with their participants more than once this month by phone, a minimum of one SSM documenting contact via phone will be required in LTSS for agencies to be reimbursed for monthly Case Management of a beneficiary.

Can quarterly phone visits be checked quarterly with verbal consent with explanation that only one CM was present?

DOM Response: Yes.

Are two Case Managers still required for verbal consent on a change request, or can Case Managers document in service notes that only one Case Manager was present?

DOM Response: During this period, only one Case Manager Signature will be required to document verbal consent on a Change Request.

What can Case Managers do about Recertifications that may be pending completion?

DOM Response: DOM is encouraging Case Managers hold off on completing recertification assessments/applications for individuals who are not at immediate risk for loss of services (i.e. lock-in’s that will expire in the next 30 days) until a later date closer to the expiration of their certification. In the meantime, Case Managers are encouraged to send Physician’s Certifications to doctors up to 45 days in advance of the assessment being completed to keep moving the process forward.
What should Case Managers do if they have certifications that are expiring in the next 30 days and assessments have not been completed?

DOM Response: Case managers should identify any individuals who have not had a recertification completed yet who may be at risk of their certification expiring in the next 30 days and report those cases to their Supervisor who will staff them with DOM for further guidance.

If beneficiaries go 30 days without services, should they be discharged?

DOM Response: No, at this time, they should not be discharged. DOM will continue to provide guidance on this topic as we move forward. Please contact us if you have concerns related to a particular participant who has been more than 30 days without services if that issue is not related to COVID-19.
Provider FAQs

Should Personal Care Service (PCS) or In Home Respite (IHR) providers pull workers out of beneficiaries home?

DOM Response: DOM encourages providers to continue providing these much needed services where possible to vulnerable waiver participants. Many of our beneficiaries rely heavily on these services to ensure their health and safety. PCS and IHR staff should follow all safety protocols currently recommended by the Centers for Disease Control and Prevention (CDC) and the Mississippi State Department of Health (MSDH). Please notify Case Managers if services cannot be provided as identified on the participant’s Plan of Services and Supports.

If a PCS or IHR worker is out due to the coronavirus, should a replacement worker be sent to provide the beneficiaries care?

DOM Response: Yes, if possible, absences should be treated as they have previously been. If there is no alternate worker available and a beneficiary will not receive needed care, please notify Case Managers immediately so that they can assist with addressing any unmet needs.

What should providers do if they do not have enough staff to provide all of the hours authorized on participant’s Plans of Services and Supports?

DOM Response: At this time we are encouraging all providers to remain in contact with Case Managers as well as participants and their caregivers and/or emergency contacts. We ask that you evaluate the needs of the participants, consider which services are needed the most, and provide the service to the best of your abilities following all safety protocols currently recommended by the Centers for Disease Control and Prevention (CDC) and the Mississippi State Department of Health (MSDH). Please be mindful to maintain proper documentation of communication and changes in delivery of care.

What should providers do if a beneficiary says they have coronavirus or are under quarantine for exposure?

DOM Response: Notify the Case Manager(s) immediately so that appropriate reporting can be completed and actions can be taken to suspend services once the concerns are verified.

What should providers do about staff with expiring TB skin tests?

DOM Response: If provider agencies have an RN on staff or affiliated with the agency that can complete the TB skin tests in house, we encourage that at this time.
What should providers do about staff with expiring state issued IDs, annual training, background checks?

DOM Response: At this time, providers should contact DOM about specific instances for guidance via email at HCBSProviders@medicaid.ms.gov.

Can new employees be hired that do not meet the credentialing requirements?

DOM Response: No. While DOM can offer guidance on expiring credentials, new employees that have not ever been credentialed may not begin working for participants until they meet the identified requirements.

Do home delivered meals have to be signed for right now?

DOM Response: No; however, delivery of meals should be coordinated by phone to verify receipt by the participant.

Are Adult Day Care providers required to close?

DOM Response: As of 3/17/20, there is no mandate that Adult Day Care providers close to the public. We encourage all providers to follow all safety protocols currently recommended by the Centers for Disease Control and Prevention (CDC) and the Mississippi State Department of Health (MSDH). Additionally, we ask that if you do close to the public, you notify participants/caregivers, associated Case Managers, and DOM so that we can continue to ensure participant safety if they are unable to attend the ADC.

Can Personal Care and In Home Respite supervisory contacts be completed by phone?

DOM Response: Yes. Normally, supervisory contacts should be bi-weekly (one in person and the other can be by phone). At this time, we are allowing providers to complete all supervisory contacts by phone.

Can Personal Care and In Home Respite provider agencies close their offices?

DOM Response: Temporarily, yes. However, provider agencies must be available by phone at all time to allow needed communication with Case Managers, participants/caregivers, and DOM.

Can Personal Care and In Home Respite provider agencies limit access to their offices?

DOM Response: Yes. Providers may place a sign on their doors explaining the limits and providing an alternate method to be reached by phone.
Can ADCs limit participants ADC visits for the next couple of weeks in order to stagger the number attending each day to limit exposure?

DOM Response: If necessary, yes. However, you may find that many beneficiaries opt to stay home at this time allowing you to continue to provide daily services to beneficiaries who need daily ADC services. Please remember to communicate with Case Managers about any changes in the provision of care so that they can ensure beneficiary needs are being met in alternate ways if necessary.
Coronavirus Resources for HCBS Providers


For more information, call the Mississippi State Department of Health’s COVID-19 Hotline at 877-978-6453 or visit [https://msdh.ms.gov/](https://msdh.ms.gov/).

Free online training courses on “Hand Hygiene: The Basics” and “Preparing for the Pandemic Influenza”

[https://www.relias.com/topic/coronavirus](https://www.relias.com/topic/coronavirus)